

Community Programs to Reduce Tobacco Use

Justification

Community programs should focus on four goals: 1) prevention of the initiation of tobacco use among young people, 2) cessation for current users of tobacco, 3) protection from environmental tobacco smoke, and 4) elimination of disparities in tobacco use among populations. These goals can best be achieved by programs that 1) increase the number of organizations and individuals involved in planning and conducting community-level education and training programs; 2) use State and local counter-marketing campaigns to place pro-health messages that inform, educate, and support local tobacco control initiatives and policies; 3) promote the adoption of public and private tobacco control policies; and 4) measure outcomes using surveillance and evaluation techniques.

To achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective community programs involve people in their homes, work sites, schools, places of worship and entertainment, civic organizations, and other public places.¹

To achieve lasting changes, programs in local governments, voluntary and civic organizations, and community-based organizations require funds to hire staff, cover operating expenses, purchase resource and educational materials, provide education and training programs, support communication campaigns, organize the community to debate the issues, establish local plans of action, and draw other leaders into tobacco control activities.

Evaluation data show that funding local programs produces measurable progress toward statewide tobacco control objectives. In Massachusetts and California, local programs have been instrumental in the adoption of an increasing number of local ordinances or other provisions restricting smoking in public places.^{2,3} In

both States, these policies have contributed to a steady decrease in the percentage of nonsmoking adults reporting exposure to secondhand smoke.^{4,5}

Similarly, California's and Massachusetts' local coalitions and community youth programs have produced impressive declines in the percentage of successful attempts by underage young people to buy tobacco.^{3,6}

Oregon has achieved impressive initial declines in per capita consumption after implementing a statewide tobacco control program.⁷ Funding to the community through the county health departments has produced an impressive diversity of coalitions, partners, and local actions.⁸ Examples of Oregon's community activities include

- Engaging young people to plan and conduct community tobacco prevention and education events and campaigns.
- Working with judges and retailers to develop education and diversion programs.
- Developing educational presentations and strengthening tobacco use policies in schools and community and day care centers.
- Conducting a campaign on smoking in the home.
- Conducting youth-led countywide assessments of tobacco advertising and developing plans to reduce tobacco sponsorship of public events.
- Offering smoking cessation programs by drug and alcohol prevention agencies.
- Using tribal newspapers and community presentations by Indian Reservation youth to educate the tribal community about tobacco use and the tobacco industry's advertising and promotion on the Reservation.

Budget

Funding for staff and resources to implement community programs and support local partnership initiatives may be allocated to local government units such as local health departments or community organizations. Best practices dictate allocating approximately \$0.70–\$2.00 per capita annually to fund local government units and community organizations. In addition, approximately \$850,000–\$1.2 million annually is required for State personnel and resources to provide training and technical assistance to community programs. States have developed several models for funding community programs. Most States are funding local health departments or health-related nonprofit community organizations representing each county or major metropolitan area in the State. Awards are typically based on population size with smaller counties or local units receiving a higher overall per-capita amount. California, Florida, and Oregon have divided their counties and major metropolitan areas into several funding strata to ensure that smaller units get an adequate base funding level for core staffing.

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Core Resources

California Department of Health Services. Tobacco Control Section. 1998–2001 Local Lead Agency Comprehensive Tobacco Control Guidelines. January 30, 1998.

California Department of Health Services. Tobacco Control Section. Request for Applications for Community Interventions to Reduce Tobacco Use. Application No. 96–26252, August 30, 1998.

California Department of Health Services. Tobacco Control Section. Program Policy Manual and Community Planning Guidelines for Community Programs. February 2, 1998.

Massachusetts Department of Public Health. Massachusetts Tobacco Control Program: Community Health Network Request for Responses: Section 1: Community Prevention-Tobacco Control: Community Coalitions.

Oregon Health Division. Oregon Tool Kit: Community-Based Best Practices to Reduce Tobacco Use. September 1997.

References

- 1 Cummings KM, Sciandra R, Carol J, et al. Approaches directed to the social environment. In: Strategies to control tobacco use in the United States: a blueprint for public health in the 1990's. NCI smoking and tobacco control monograph #1. Washington, DC: U.S. Department of Health and Human Services, 1991:203–65.
- 2 Patten CA, Pierce JP, Cavin SW, et al. Progress in protecting nonsmokers from environmental tobacco smoke in California workplaces. *Tob Control* 1995;4:139–44.
- 3 Abt Associates, Inc. Independent evaluation of the Massachusetts Tobacco Control Program. Third annual report, January 1994–June 1996. Cambridge, MA: Abt Associates, Inc, 1996.
- 4 Pierce JP, Gilpin EA, Emery SL, et al. Has the California tobacco control program reduced smoking? *JAMA* 1998;280(10):893–9.
- 5 Abt Associates, Inc. Independent evaluation of the Massachusetts Tobacco Control Program. Fourth annual report, January 1994–June 1997. Cambridge, MA: Abt Associates, Inc., 1997.
- 6 Independent Evaluation Consortium. Final report of the independent evaluation of the California Tobacco Control Prevention and Education Program: Wave I Data, 1996–1997. Rockville, MD: The Gallup Organization, 1998.
- 7 Centers for Disease Control and Prevention. Decline in cigarette consumption following implementation of a comprehensive tobacco prevention and education program—Oregon, 1996–1998. *MMWR* 1999;48:140–3.
- 8 Oregon Tobacco Prevention and Education Program. Report to the Governor and Legislature. Portland, OR: Oregon Health Division, 1999.